



PSYCHOLOGICAL DISTURBANCES IN PATIENTS AFTER OSTOMY

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ABSTRACT

INTRODUCTION:- Ostomy, either ileostomy or colostomy whether temporary or permanent, is done to divert fecal matter through anterior abdominal wall, may lead to physical, psychological and economical changes in these patients. Not many studies have been done on this subject, especially in India. Many patients do adapt and adjust with new this modification of fecal diversion but still a sizable number of patients land into various psychosomatic problems giving rise to definitive disease and distress, affecting economy of family and sometimes suicidal tendencies.

AIMS AND OBJECTIVE:- Aim of our study was deeply and sympathetically look into the various physical, psychological, economical and social problems after ostoma creation, with an object to reach a goal where their sufferings can be minimized.

MATERIAL AND METHODS:- Ours is descriptive cross sectional study on 46 patients who had ostoma on their anterior abdominal wall, done in the department of general surgery Teerthanker Mahaveer Medical College and Research Center Moradabad (UP). A set of questionnaire was created and after request their answers were recorded, kept confidential, and data was analyzed

RESULTS:- male and females were almost equal in number, all patients had stoma surgery done about 12 weeks prior to admission in hospital for reversal surgery, majority of patients were married. Ostomy was the reason for their mental, physical and psychological trauma and adversely affecting the economy of the family thus adding more mental disturbances

CONCLUSION:- Ostomy, a surgically created opening on anterior abdominal wall for fecal diversion, though a lifesaving surgery, does take patients on the way of psychological disorders. Proper pre-operative counseling of patients not only minimizes such distress but also patients adapt well with the modified life style.

KEYWORDS : Ostomy, Psychological**INTRODUCTION:-**

The incidence of stoma formation is increasing every year for various unknown reasons, increasing incidence of colorectal malignancies, inflammatory bowel disease and trauma. Stoma formation is not only lifesaving but can also prolong life, but it may be the cause of certain adverse problems in terms of psychological behavioral changes, social, economical, sexual, depression, anxiety, loneliness, hopelessness and stigma.^{1,2,3} Social problem being loss of interest and participation in social activities, avoidance of travelling, worsening partnership and relationship with friends. Studies show that good living qualities of life are negatively affected in stomates. Because of psychological and social issues.^{4,5} Osteotomy is surgically made opening in abdominal wall, it is an integral part of pelvic pouch surgeries when patients are unfit for definitive surgery in severe morbid conditions, though a second operation is required to close the stoma, it provides an excellent option for temporary/permanent to save the life whether it be ileostomy or colostomy.

Body image disturbance (BID) is defined as persistence of dissatisfaction, appearance, distress and variable degree of impairment of social relations, activities or occupational functions.

After osteotomy, normal anatomy and functions of Gastrointestinal Tract (GIT) are changed and the intestinal contents are exteriorized to be collected in a bag which needs to be changed, cleaned regularly, may be many times in a day. This leads to serious body and psychological change.^{6,7} Several studies have clearly shown that stomates experience a negative perception of negative body image.⁸

As time passes, patients adapt with new condition and try to improve the mental change, quality of life considerably, but a thought of negative body image does persist.

Stomates experience changes in their life especially related to social network and to sexuality, aggravating their feeling of insecurity and fear of rejection.⁹ Osteotomy changes overall lifestyle of a person, thus they are being identified as sick persons in society, experiencing adjustment problems frequently.

The most striking change since 19th century has been the availability of improved osteotomy equipments but psychological problem still remains then same, consequently a study in UK,¹⁰ demonstrated that among 112 stomates 37-47% had problems related to work, sexual dysfunction, economic, family relations and emotions while >50% had

reduction in social activities.

Numerous determinants have been identified worldwide like age, education, family income, social support, type of stoma, time since surgery, informed results of surgery, and self-care ability.

In an attempt to assess various problems in stomates, a descriptive study was carried out in our tertiary hospital on 46 patients, who had stoma and we did intersection with these patients using our self-created questionnaire.

OBJECTIVE:-

Our study may explore the evidence on patient's psychological health following physical impact of stoma formation and consequent quality of life.

The aim of study was to look into the problems and feelings of stomates, deeply and sympathetically and to alleviate them.

We believe that our attempt, will help these patients to boost up their moral values in order to prepare and face them, the existing situation and, to build their losing confidence.

MATERIAL AND METHODS:-

A descriptive cross section study was conducted in the department of General Surgery Teerthanker Mahaveer Medical College Moradabad on 46 patients who had temporary / Permanent ostomy. After consent being taken, for inclusion in the study, a detailed questionnaire was created patients response and their answers were recorded maintaining full privacy. Following was the list:-

1. Age/Sex.
2. Duration after surgery and surgery performed.
3. Temporary/Permanent.
4. Leakage of gas /fecal matter from ostomy site.
5. Mental state like-Irritability, depression, anxiety, nervousness, general loss of interest, Behavior with family members.
6. Social relations.
7. Economic impact on family.
8. Travelling.
9. Nutritional state.
10. Sexual life.
11. Physical activity.
12. Religious activities.
13. Preoperative counseling done/not done

INCLUSION CRITERIA:-

1. All patients reporting to OPD /Emergency for reversal of stoma.
2. Patients with permanent colostomy.

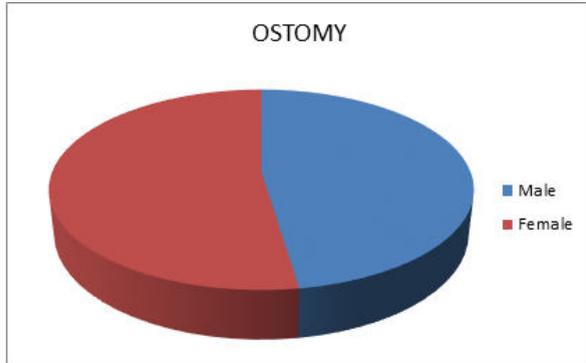
EXCLUSION CRITERIA:-

1. Patients with preexisting mental illness.
2. Unable to communicate.
3. Did not want to answer or participate.

OBSERVATIONS AND RESULTS:-

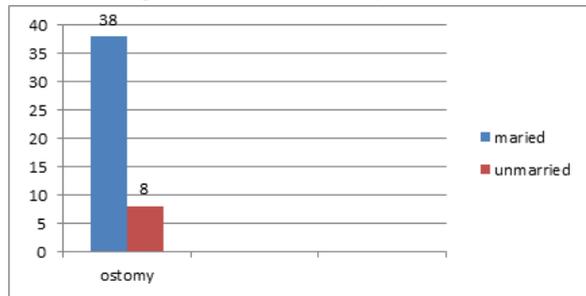
We, in our study, tabulated the results after putting patients on a set of questions and recorded the reply;

Male:Female=20:22]



Duration- Closure of temporary ileostomy was performed in majority of patients after 12 weeks and colostomy after 4 month to 1 year.

Marital state- 8 patients were unmarried only.



We recoded personality changes, like behavior with family members, neighbours, friends, relatives and children, found that these patients were irritable, avoid talking and keeping distance in early phase but gradually coming to near normalcy.

As the time of re-surgery was coming, similar was the observation regarding sleep disturbances but depressive attitude remained the same, anxiety increased because of prevailing sense of failure of closure procedure (Table No 1).

Table No.01

Parameters	Immediate postoperative (With in 2 week)	After 2-10 week of postoperative	At the time of admission(for closer)
Personality changes	+++	++	+
Sleep disturbances	Disturbed +++	Disturbed ++	Minimal +
Depression	29%	30%	41%
Foul smell	+++	+++	++

Social and physical activities had come down, Religious rituals were almost nil, behind thought being of impurity, these patients avoided journeys and social gatherings. Sexual life of almost all patients was badly affected (married patients only), only one patient had sex, while rest had restricted sexual activity with partner. (Table no. 2)

Table No.02

Physical activities	None	00 patient
	limited	28 patients
	Severely limited	18 patients

Religious	Almost nill	00 patient
Social activities	Affected	38 patients
	Normal	08 patients
Sex life(married)	Restricted	45 patients
	Normal	01 patient

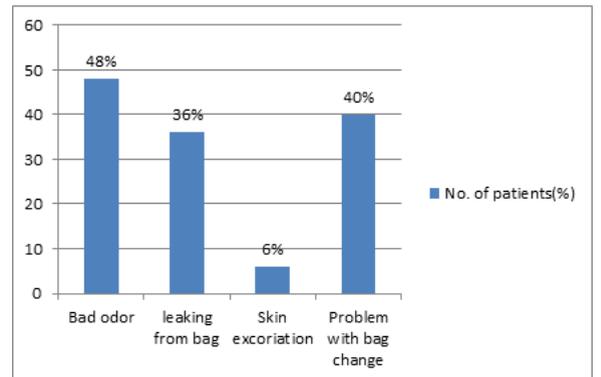
Diet and nutritional state of patients was also significantly affected in initial period but regained to some extent as time passed out. (Table No 3)

Table No. 3

	0-4weeks	5-8 weeks	9-12 weeks
Diet	Reduced 0000	00	00
weight	Weight loss(+++)	++	+

Almost all patients had problems with stoma like leaking, gas emission, bad odor, excoriation of skin, and change of collecting appliances (Table No4).

Table No. 4



Preoperative counseling was done in all patients for permanent colostomy ,thus recovery and psychological problems were much less in these patients ,while all these problems were of major concern in patients who had ileostomy made in emergency as lifesaving procedure for various surgical conditions and proper explanation was not possible .

Economic status of patients added depression, irritability and anxiety, all had lost their jobs, thus imparting an adverse effect on their livelihood.

DISCUSSION:-

Stoma is surgically created intestinal opening on anterior abdominal wall to divert fecal matter for trauma, inflammatory bowel disease, congenital abnormalities, malignancies and various emergency pathologies.

Ostomy is a big problem for an individual,as one has to depend on bag, needs to have change it very often,bad odor ,leakage of fecal matter, are the problems that upset one's mind but after this life changing surgery ,patients adapt themselves for consequential physical and psychological changes .Many researches have described the psychological, emotional, and social problems and its impact on patient's life style that arise after ostomy⁶ and furthermore the significantly affected⁷ quality of life.

Not many studies have been reported on this subject in literature^{8,11} ,and very few in India. We under took this study to go through and find the physical, psychological, and social changes.

Using stoma either temporary or permanent, greatly reduces patients quality of life¹².Fear of future, relationship with family& friends , economic loss not only change ones attitude but also can be a way to other psychological disabilities.^{13,14} Stomates severely suffer sexual dysfunction reduction in physical activities, life style modification.¹⁵

Although overall psychological adjustments were markedly impaired, a detail study through questionnaire was done to assess the general behavior, and personality changes.

Sleep:- It was disturbed in initial period after surgery, but later almost all patients adapted themselves.

Smell and Noise:- was consistent in our and other studies also.^{16,17}

Religious activities:- In our studies, these were very much restricted, did not visit even near worship places. Gautam in his study gave term "Ashuddha"(impure), because of bag they carried .

Nutrition and Weight:- In almost operated patients, there was marked loss of weight because of very poor appetite ,reasons being bag on abdomen ,bad odour,and fear of leakage.it has been noticed in various studies that patients with high BMI are associated with impaired body image even in otherwise healthy individuals.¹⁸

Economic state:- Economic state of all families had a very bad setback, much more was with male patients, as in Indian conditions, usually males are bread winners, as compared to females who generally at home, thus had adverse effect on the livelihood.

Emotional, Psychological, and Social aspect:- Most of these patients were emotionally unstable, anxious, and had deep sense of depression about their future,like whether the ostoma will close or not ,and if not what will be quality of life ,they wanted to be in isolation ,not involving themselves with other family members. Isolation was more in unmarried. Emotional instability was much more in patients with permanent colostomy and so much so that three of patients in our study had developed suicidal tendency. Hong et al,⁸ is of opinion that married had lesser body image disturbances as compared to single ,divorced or separated. Aktas D and Gocman Baykara¹⁹ showed that involving partner in stoma care had significant positive influence on body image possibly because of emotional support by the partner. Jayarajah.u.et.al, in their study found 45%patients had depression, out of which 17,5% had severe depression.

Travelling :- Almost all stomates were unwilling to go out either in locality, gatherings, to different place or city, even were reluctant to visit restaurants, cinema, temples, the reason being a feeling that what will other feel and a fear that they will not like to be with me thus forcing these patients to lead a sedentary life, also was noted by Campose al.el.(inputs of colostomy).

Sexual life :- was worse affected ,some of these patients had libido but because of bag leakage ,bad smell were not interested, others had no desire for sex. causing severe mental trauma,leading to massive depression. Our observation on sexual life was consistent with other studies.^{13,15,20,21,22} Gemmil at el had shown that more than 70% patients had no sexual activity after stoma formation .

Pre-operative counseling:- We in our study noted that, all the clinically marked psychological disorders were minimal in patients who were fully explained about the outcomes of surgery, and possibility of stoma formation, its consequences ,how to manage daily routine life. All these patients had normal diet, were engaged in their jobs, also travelled, joined various social activities. although not sexually satisfied.

In some studies authors have acknowledged the importance of pre-operative approval from the patients, to reduce the possible complications in post-operative period, this may contribute to adapt, coping with stoma, and physical and psychological rehabilitation (Silva).

CONCLUSION:-

Majority of stomates have various psychological, social and economic problems leading them to mental sickness, therefore it becomes very essential and as important as surgery and ones saving life, to screen and counsel these patients about various surgical complications, problems due to stoma .social ,and their solutions. It can improve patient's post-operative life, mental health and may help in quick recovery.

Our study may explore the evidence on patient's psychological & mental health following the physical impact of stoma formation and consequential quality of life.

REFERENCES:-

1. Ayaz. Alkaya S. Overview of psychosocial problems in individuals with stoma: A review of literature. *International Wound Journal*. 2018;16(1):243-49.
2. Ayaz S. Approach to sexual problems of patients with stoma by PLISSIT Model: An Alternative. *Sex Disabil*. 2009;27:81-71.
3. Borwell B. Continuity of care for the stoma patient: psychological considerations. *Br J Community Nurs*. 2009;14:326-31.
4. Safaee A, Anaraki F, Vafaie M, Behboo R, Maghsoodi N, Esmailpour S. Quality of life

outcomes in patients living with stoma. *Indian Journal of Palliative Care*. 2012;18(3):176-80.

5. Iqbal F, Kujan O, Bowley D, Keighley M, Vaizey C. Quality of Life After Ostomy Surgery in Muslim Patients. *Journal of Wound, Ostomy & Continence Nursing*. 2016;43(4):385-91.
6. Atack L, Luke R, Chien E. Evaluation of Patient Satisfaction With Tailored Online Patient Education Information. *Computers Informatics Nurs* 2008;26(5):258-64.
7. McLellan A. Patient satisfaction: Public engagement with service information is key test of choice. *Health Serv J* 2012;122:3.
8. Hong K, Oh B, Kim E, Chung S, Kim K, Lee R. Psychological attitude to self-appraisal of stoma patients: prospective observation of stoma duration effect to self-appraisal. *Annals of Surgical Treatment and Research*. 2014;86(3):152-60.
9. Batista MRFF, Rocha FCV, Silva DMG, Junior FJGS. Self-image of clients with colostomy related to the collecting bag. *Revista Brasileira de Enfermagem*. 2011 Nov/Dec; 64(6):1043-7. doi: http://dx.doi.org/10.1590/S0034-71672011000600009.
10. Pringle W, Swan E. Continuing care after discharge from hospital for stoma patients. *Br J Nurs*. 2001;10(19):1275-1288.
11. Kilic E, Taycan O, Belli AK, Ozmen M. The effect of permanent ostomy on body image, self-esteem, marital adjustment, and sexual functioning. *Turk Psikiyatri Derg* 2007;18:302-10.
12. Siassi M, Hohenberger W, Lösel F, Weiss M. Quality of life and patient's expectations after closure of a temporary stoma. *International Journal of Colorectal Disease*. 2008;23(12):1207-12.
13. Dabirian A, Yaghmaei F, Rassouli M, Tafreshi MZ. Quality of life in ostomy patients: A qualitative study. *Patient Prefer Adherence*. 2010;5:1-5.
14. Krouse R, Grant M, Ferrell B, Dean G, Nelson R, Chu D. Quality of life outcomes in 599 cancer and non-cancer patients with colostomies. *J Surg Res*. 2007;138:79-87.
15. Marquis P, Marrel A, Jambon B. Quality of life in patients with stomas: The Montreux Study. *Ostomy Wound Manage*. 2003;49:48-55.
16. Li CC, Rew L, Hwang SL. The relationship between spiritual well being and psychosocial adjustment in Taiwanese patients with colorectal cancer and a colostomy. *J Wound Ostomy Continence Nurs*. 2012;39(2):161-9.
17. Haugen V, Bliss DZ, Savik K. Perioperative factors that affect long term adjustment to an incontinent ostomy. *J Wound Ostomy Continence Nurs*. 2006;33(5):525-35.
18. Makara-Studzinska M, Zaborska A. Obesity and body image. *Psychiatr Pol* 2009;43:109-14.
19. Aktas D, Gocman Baykara Z. Body image perceptions of persons with a stoma and their partners: A descriptive, cross-sectional study. *Ostomy Wound Manage* 2015;61:26-40.
20. Carlsson E, Berndtsson I, Hallen AM, Lindholm E, Persson E. Concerns and quality of life before surgery and during the recovery period in patients with rectal cancer and an ostomy. *J Wound Ostomy Continence Nurs*. 2010;37:654-61.
21. Krouse R, Grant M, Ferrell B, Dean G, Nelson R, Chu D. Quality of life outcomes in 599 cancer and non-cancer patients with colostomies. *J Surg Res*. 2007;138:79-87.
22. Aronovitch SA, Sharp R, Harduar-Morano L. Quality of life for patients living with stomas: Influence of contact with an ostomy nurse. *J Wound Ostomy Continence Nurs*. 2010;37:649-53.